

MAR 3 1989

**DISPENSARY PERMIT**  
OPNAV 5100/9 (REV. 12-88)  
S/N 0107-LF-005-2600

*PRIVACY ACT  
STATEMENT ON REVERSE*

CASE NUMBER

SUPERVISOR'S REPORT		TO DISPENSARY (Location)		DATE OF REPORT	
EMPLOYEE'S NAME		TIME & DATE OF INJURY		TIME LEFT JOB	TIME RETURNED
SOCIAL SECURITY NO.	GRADE, RATE, JOB TITLE			OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE	
REASON FOR REFERRAL <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> EMPLOYEE'S REQUEST <input type="checkbox"/> OTHER (Specify)					
REMARKS					
SUPERVISOR'S SIGNATURE		SHOP/OFFICE		TELEPHONE NUMBER	
MEDICAL OFFICER'S REPORT		TIME REPORT		TIME RELEASED	
OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE		DEGREE OF INJURY <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> OTHER (Explain)			
DISPOSITION OF EMPLOYEE					
<input type="checkbox"/> RETURN TO PERM. JOB		<input type="checkbox"/> TEMP. TRANSFER TO ANOTHER JOB		<input type="checkbox"/> TERMINATION OF EMPLOYMENT	
<input type="checkbox"/> RESTRICT ACTIVITY UNTIL		<input type="checkbox"/> PERM. TRANSFER TO ANOTHER JOB		<input type="checkbox"/> SENT HOME BY DISPENSARY	
<input type="checkbox"/> REFERRED TO PRIVATE PHYSICIAN/HOSPITAL		<input type="checkbox"/> OTHER (Explain)			
REMARKS/DIAGNOSIS					
MEDICAL OFFICER'S SIGNATURE		INITIAL TREATMENT DETERMINATION <input type="checkbox"/> DISCHARGED, TREATMENT COMPLETED <input type="checkbox"/> RE-TREATMENT REQUIRED			

**PRIVACY ACT STATEMENT**

Authority: SECNAVINST 5100.10E and OPNAVINST 5102.1C

**Principal Purpose:** To control and monitor treatment and disposition of civilians at Naval Dispensaries in cases of occupational injury or illness.

**Routine Use:** To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.

**Disclosure:** Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.